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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 022719-0046	
		First Inventor Meir Rosenberg	
		Title TRIMMABLE SENSING CATHETER	
		Express Mail Label No. EV324848899US	

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 15] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]</p> <p>5. Declaration and Power of Attorney [Total Sheets 2]<ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statements verifying identity of above copies</p>
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ACCOMPANYING APPLICATIONS PARTS	
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p> <p>17. <input checked="" type="checkbox"/> Other: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Check in the amount of \$1,020.00 Check in the amount of \$40.00 Application Title Sheet</div></p>	


18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number: 021125		OR <input checked="" type="checkbox"/> Correspondence address below			
Name	NUTTER MCCLENNEN & FISH LLP Lisa J. Michaud				
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Name (Print/Type)	Lisa J. Michaud	Registration No. (Attorney/Agent)	44,238
Signature		Date	August 18, 2003

16235 U.S. PTO
10/642772
08/18/03

05909 U.S. PTO
08/18/03

EXPRESS MAIL LABEL NO.: EV324848899US

PTO/SB/17 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032
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FEE TRANSMITTAL for FY 2003 <small>Effective 01/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	Not Yet Assigned
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	August 18, 2003
1,060.00		First Named Inventor	Meir Rosenberg
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
		Attorney Docket No.	022719-0046

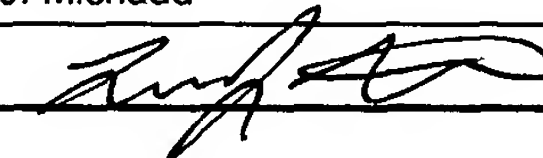
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> 2 Checks <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account			
Deposit Account Number			
141449			
Deposit Account Name			
Nutter McClennen & Fish LLP			
The Director is hereby authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1001 750	2001 375
1002 330	2002 165
1003 520	2003 260
1004 750	2004 375
1005 160	2005 80
SUBTOTAL (1) (\$)	
750.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Total Claims	35
Independent Claims	3
Multiple Dependent	
Extra Claims	15
Fee from below	18.00
Fee Paid	270.00
SUBTOTAL (2) (\$)	
270.00	

Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
Fee Description			
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		270.00	

SUBTOTAL (3) (\$)	
40.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Lisa J. Michaud	Registration No. (Attorney/Agent)	44,238
Signature		Telephone	(617) 439-2000
		Date	August 18, 2003